

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>W</i>		11-29-01
<b>FORMALITY REVIEW</b>	<i>CM</i>	71632	27-01
<b>RESPONSE FORMALITY REVIEW</b>	<i>Rm</i>	781	115-19-01

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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**Best Available Copy**

If more than 150 claims or 10 actions  
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